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APPLICANTS

Geoffrey Flagstad, Barrington, IL;

** CONTINUING DATA ***** *NONE* *MT*** FOREIGN APPLICATIONS ***** *NONE* *MT*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 2	TOTAL CLAIMS 49	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>MT</i>				

ADDRESS

23446
 MCANDREWS HELD & MALLOY, LTD
 500 WEST MADISON STREET
 SUITE 3400
 CHICAGO , IL
 60661

TITLE

Medical record cards and storage systems

FILING FEE RECEIVED 646	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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